item of infor-

OCCUPA-

of

Exact statement

classified.

properly

it may

CAUSE OF DEATH in plain terms, so that

TION is

-WRITE

V. S. No. 1

18. BURIAL, CREMATION, OR REMOVAL

1.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

PLACE OF DEATH		9	
County A wellester	S	Regist	tration Dist. No. 110
Village or City New Hu	elæk No.		St., War
Length of residence in city or town whara death or	occurradyrsmos	ds. How long in U.S. if of foreign bi	NAME instead of street and number) rth?yrsmosd
FULL NAME Virginie	Uskin	If U. S. Veteran, specify W	AR
(a) Residence: No.	St.,_	Ward.	resident give city or town and State

County A Wellester	>		Registration D	Dist. No.	0
Village or City New He		No.	estable in the	St.,	Ward
Times of Original Property of the Control of the Co	(1	f death occurred in a hospital or institut	ion, give its NAME	instead of street and	number)
Length of residence in city or town whara death of	occurrad yrs, mo:	sds. How long in U.S. if of	foreign birth?	yrsI	mosds.
2. FULL NAME Gerginie	· Uskin	If U. S. Veteran,	specify WAR		
(a) Residence: No.		St., Ward.			
	(Usual place of abode)		If nonresident g	ive city or town an	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CI	ERTIFICATE	OF DEATH	
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH	5 (Month)	2 (Day)	, 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of			***************************************		- /
(or) WIFE of		22. I HEREBY	CERTIFY	That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year) Moy	151934	I last saw harman alive on	577/	3 - 19	; death is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the data state	1/1	0 /	
2 9	/ 3 1 day, hrs.	The PRINCIPAL CAUSE OF DEAT			
1 9 Toda profession or posture	ormin.	were as follows:			Data of onsat
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		13-skerey (r	nuice	ui.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.					
20. Data deceased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation				
7- 11	0 10	Other Contributer Causes of Impo	rtanca:	/	
12. BIRTHPLACE (city or town) New He	george .	It hospen	good	gh	
(State or country) Mury	cano.	-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\	<i>A</i>	0	
13. NAME LOE COSPOR					
14. BIRTHPLACE (city or town)		Name of operation		Date of_	
(State or country)	nie	What test confirmed diagnosis?		Was there an	aulonsy?
15. MAIDEN NAME Sarak	Boston	23. If death was due to external cau			
I	0:				
16. BIRTHPLACE (city or town)	7,	Accident, suicide, or homicida?		ata of injury	, 19
(State of Country)	00	Where did injury occur?	(Specify city or t	own, county and St	ate)
17. INFORMANT / Derether El	bert.	Specify whether injury occurred in	INDUSTRY, in HOM	ME, or in PUBLIC P	LACE.
(Address)					
18 BURIAL CREMATION OR REMOVAL		4.5.4			

19. UNDERTAKER (Address) (Signed). 20, FILED 1. 12

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Manner of injury

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1182 4 10	- /}		
11 701. 1.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1:-			

V. S. No. 1

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 53	81
	1. PLACE OF DEA				23	2
	County Dorc	hester			Registration Dist. No. 12	6
	Village or CityQ	ambridge	2		No. Eastern Shore State "losspit	tal Ward
	Length of residence in ci	ty or town where d	eeth occurred	4 yrs 2 mos	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	number)
	2. FULL NAME T	homas C	lifton	Cole	If U. S. Veteran, specify WAR	
	(a) Residence: No.T.	emplevi.	lle (Usual place	of abode)	St., Ward. Queen Anne County .  If nonresident give city or town and	d State
	PERSONAL AN	ID STATISTI	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		r or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  May  (Month)  (Day)	., 193.7 (Year)
5a	. If married, widowed, or divo HUSBAND of (or) WIFE of	pread			22. I HEREBY CERTIFY, That I attended April 1	deceased from
6	DATE OF BIRTH (month, da	v and vaar) De	cember	25. 1898	l lest saw h 1m alive on May 18 1937	
	AGE Years	Months	Oays	If LESS than	to heve occurred on the date steted above, at 1 a 35 pm m.	
	38	4	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance were as follows:	Oate of onset
OCCUPATION	8. Trade, profassion, or p kind of work done, SAWYER, BOOKKE!  9. Industry or business in work was done, as SAW MILL, BANK, 10. Date deceased last wo this occupation (mayear)	PER, etc n which SILK MILL, etc rked at	Farmha Farm  11. Total table specific s	nd lima (years) nt in this upation linknow		3-1-3
13	2. BIRTHPLACE (city or town) (Steta or country)	Millin	gton Maryla	nd	Other Contributory Causes of Importance:Dementiapraccox	1.930
ER	13. NAME	Unknow.	n			
FATHER	14. BIRTHPLACE (city or to (State or country)	Unk	nown		Name of operation Date of	
ER	15. MAIOEN NAME	manda D	arling		23. If death was due to external causes (VIOL ENCE) fill in also the followin	
MOTHER	(State of Country)				Accident, sulcide, or homicide? Dete of Injury	
17		rds of te Hosp		Shore ambridge	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ite) LACE.
18	B. BURIAL, CREMATION, OR Place Do / ble		Cem. Ma	y 22. <sub>19</sub> 37	Mannar of injury	
19	9. UNDERTAKER R. B (Address)	. Rawlyr Green	ngs nsb <b>oro</b> l	Md.	24. Was disease or Injury In any way related to occupation of deceased?  If so, specify	No
20	D. FILED 5-21	1937 Joh	whe	Registrar.	(Signed) CAddress) Eastern Share State	Hagnit

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. Cambridge, Md.

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Example I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JUN 4 1937	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

Exact statement of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

P	0	0	6)
U	U	0	4

1. PLACE OF DEATH	(8)
County Dorchester WITHIN CORPORA	TRIMITS ST Registration Dist. No. 11 0
Village or City Cambridge, md.	No. 5 Cherry St., St., War
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmos,
II. I M	
2. FULL NAME (Turk) Drake	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
7. W. Lingle	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	may 20, 1937, to 19.
6. DATE OF BIRTH (month, day, and year) my 20-1137	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:30 Pm:
May 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Still O
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc	-
11. Total tima (years) this occupation (month and year) year) occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importanca:
W 13. NAME Denver 14. Drake	
13. NAME Denner 14. Drake 14. BIRTHPLACE (city or town).	Name of operation Date of
(State of Country) West Office	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME alice Mark	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Demen W. Drales (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Freen - Compate Many 19.3	Nature of injury
19. UNOERTAKER + alker 31. Cambridge	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILEO 521, 1537 of mace 70. Registrar.	(Signed) The School M.
	, 2411 N. Charles Street, Baltimore, Requesting V. S. Nol 1. Rea - M. X

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5, 1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. LY, WITH UNFADING INK-THIS IS A PERMANENT RECOLD. Every item of infor-N. B.—WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5383
1. PLACE OF DEATH	<u> </u>
County Downsu	Registration Dist. No.
Village or City Church Creek	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How iong In U.S. if of foreign birth?
2. FULL NAME Still Som int Sula In	If U. S. Veteran, specify WAR
(a) Residence: No. Cerun Creek	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR BIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yéar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) may 9 - 1937	1   1   1   1   1   1   1   1   1   1
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, atm.
Ilile & on 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	Pare or onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date daceased last worked at this occupation (month and	Dunaline Buth
work was done, as SILK MILL, SAW MILL, BANK, atc	Period Uters Gyst.
10. Date daceased last worked at this occupation (month and spent in this	to weeks.
yaar) occupation	Dther Coatributory Causes of Importance:
12. BIRTHPLACE (city or town). Church Culk	
(State or country)	menous
13. NAME John Wilson Sussings	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME BENTLACE VINGELLI CARROLL	What test confirmed diagnosis?
15. MAIDEN NAME Berling Virginia Carry 16. BIRTHPLACE (city or town). January Daland, (Stete or country)	Accident, suicide, or homicide?, 19, 19
17. INFORMANT Buttha Vitalings	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Cumula Creek Date May 10, 1937	Nature of injury.
19. UNDERTAKER & Loon fright	24. Was disease or injury in eny wey related to occupation of deceesad?
20. FILED 5-16 , 1937 Ala mace Registraf.	(Signed) ame w. Meade M.D. (Address) Cialung Gold m.
If more blanks are needed, address State Registrar,	2411 N. Charles Street. Baltimore. Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstilial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	RTHER STA	ATEMENTS B	Y PH	IYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

infor- state UPA-	1. PLACE OF I
of mild	County Don
MY ENO	Village or City_

PHYSICIANS

Exact

RECORD.

PERMANENT

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certificate.

on

instructions

very important.

S

LION

properly stated

may should

that

supplied. terms,

carefully

FOR BINDING

ARGIN RESERVED

DEATH

Registration Dist. No.

No. Eastern Shore State HospitaSt, Ward

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

3. SEX

(Day)

I HEREBY CERTIFY. That I attended deceesed from April

lst 1937 to May 5th 1937

to have occurred on the date stated above, et. 4.402 m.

The PRINCIPAL CAUSE OF DEATH and releted causes of importence

Pulmonary tuberculosis

Date of onset Febr 37

Where did Injury occur?\_\_\_\_\_

Nature of injury\_\_\_\_\_

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

(Specify city or town, county and State)

DEATH pe should OF mation S. No.

chester (If death occurred in a hospital or institution, give its NAME instead of street and number) Cambridge Length of residence in city or town where deeth occurred 14 yrs 3 mos. 20 ds. How long in U.S. if of foreign birth? yrs mos ds. 2. FULL NAME William Oscar Ford If U. S. Veteran, specify WAR. (a) Residence: No. Eastern Chore (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) male white 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not known 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs If LESS than 1 day, .....hrs. 46 or\_\_\_\_min. 8. Trede, profession, or particular OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)
spent in this 10. Date deceased last worked at this occupation (month and year) occupation unknown Unknown 12. BIRTHPLACE (city or town)\_\_\_\_\_ (State or country) FATHER Not known 13, NAME Name of operation NO 14. BIRTHPLACE (city or town)\_\_\_\_\_ (State or country) What test confirmed diagnosis? Dacter\_exame Was there an eutopsy?\_ MOTHER 15. MAIDEN NAME Not known 23. If deeth was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Not known (State or country) 17. INFORMANT Hospital records of Eastern Shore tate Hospital 18. BURIAL CREMATION, OR REMOVA 24. Was disease or injury in any way related to occupation of deceased? NO 19. UNDERTAKER Regis

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	§ [	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 2 100.	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ARRIVE TO THE RESERVE			

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MARGIN	
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1. PLACE OF DEATH		CERTIFICATE OF DEATH	5385
County Dorchester	~~~	Registration Dist. No. 11	6
Village or City Cambrid	ge	No. Eastern Shore State Hosait	
Length of residence in city or town where		f death occurred in a horpital or institution, give its NAME instead of street and s	
2. FULL NAME Ruth Goo	dman	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	st., Ward. Chestertown / /	+
PERSONAL AND STATIST		If nonresident give city or town and	d State
3. SEX 4. COLOR OR RACE Temale white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Single	21. DATE OF DEATH May 24th (Month) (Day)	, 193 <sup>7</sup>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. April HEREBY CERTIFY, That I ettended April 1st 19 37 to May 23rd	<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>
6. DATE OF BIRTH (month, day, and year) A 7. AGE Years Months 2.9 1	Days If LESS than 1 day,hrs.	I last saw h.er. alive on May 23rd ,187 to heve occurred on the date stated above, at 6.55 A.M.  The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	; death Is said
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	eamstress  aylor shop  II. Total time (years) spent in this 7	Psychosis, postencephalitic	Date of onset
12. BIRTHPLACE (city or town) Kent	County	Other Contributory Causes of Importance:	
置 13. NAME Wm. R. Good	man		
13. NAME WM • R • GOOD  14. BIRTHPLACE (city or town) Ker  (State or country)	it County	Name of operation_None Date of What test confirmed diagnosis? physical example an	
15. MAIDEN NAME Saide F	R. Fordwell	23. If death was due to extarnal causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Saide F  16. BIRTHPLACE (city or town) Ke  (State or country)	ent County	Accident, suicide, or homicide? Date of injury Whera did injury occur?	
17. INFORMANT records of (Address)	Eastern S. S. H	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Worton, Md.	Date 5/26/37,19	Manner of injury	
19. UNDERTAKER Maryin Wa	lliams	24. Was disease or injury In any wey related to occupation of deceesed?	No

May	24th (Month)	(Day)	, 193 <sup>7</sup> 7(Year)
April HEREB  April HEREB  I last saw h. Er. alive on N to heve occurred on the date stat  The PRINCIPAL CAUSE OF DEA	lay 23rd	55 A.M.	, 19.4.1
were as follows:			Date of onset
Psychosis, po	stence		1926
Other Contributory Causes of Imp			
Name of operationNone What test confirmed diagnosis?K		Date of	
3. If death was due to extarnal ca Accident, suicide, or homicide? Whera did injury occur? Specify whether injury occurred I	(Specify city	Date of injury	, 19
Manner of injury			
(Address) Easte	noth Bern S.	Journ Hosp.	
z N. Charles Street, Baltimore, R	equesting U. S. N	o. 1.	

If more blanks are needed, address State Registrar, 241

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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WW

Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 OUN 4 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			CBTDHLII	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B. WRITE PL

TION is very important. See instructions on back of certificate.

### STATE OF MARYLAND-CERTIFICATE OF DEATH

5386

:	1. PLACE OF	DEATH			107-0	
	County D	orchester			Registration Dist. No. //	6
		ty Cambridge			No. Eastern Shore State Hospi	Warn
			191		death occurred in a hospital or institution, give its NAME instead of street and	
					27ds. How long in U.S. If of foreign birth?yrs	mosds.
	2. FULL NAM	ME Clara W	• Graham		If U. S. Veteran, specify WAR	h-
	(a) Resident	ce: No T	(Usual place	of abode)	St., Ward. Rhodesdale, Mary If nonresident give city or town a	
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	male	4. COLOR OR RACE White		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH  May  (Month)  (Dey)	, 193
5a	. If married, widowa HUSBAND of (or) WIFE of	ad, or divorced			22. I HEREBY CERTIFY, That lattende April 1st 137 , May 8	ed daceased from
	DATE OF BIRTH	month, day, and yaar)	eptember	3. 1861		7.; death is said
_	AGE Yaar	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Days	If LESS than	to have occurred on the date stated above, at 8 . 20 mA . M .	-7-, death is said
	75	8	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_	8. Trada, profas	sion, or particular		ormin,	ware as follows:	Date of onset
O	kind of work done, as SPINNER, Laborer				Bronchopneumonia	4-6-37
OCCUPATION	9. Industry or t	done, as SILK MILL, L, BANK, etc	Farm			
DO.				- Land		
ă	this occup	d last worked at betion (monthyend	ff. Total ti	ma (yaars) tin this Unkno pation Unkno		
					Othar Contributory Causes of importanca:	
f2	. BIRTHPLACE (city	y or town) Sharp	town		Senile psychosis	-1.930
œ	1		Maryla	4(0)	Chronic rheumatism	1905
FATHER	13. NAME EZ					
FAT	14. BIRTHPLACE (State or	(city or town)SI	Maryla:	nd	Neme of operation_NONE Dete of	
-					What tast confirmed diegnosis? phys.examin was there e	
MOTHER	15. MAIDEN NAM	ME MAIIC'A E	. Wheatl		23. If death was due to external causes (VIOLENCE) fill in elso the follow	
MOM	f6. BIRTHPLACE (Stata or	(city or town)	Sharpton	rvland	Accident, suicide, or homicide? Date of Injury	
_					Where did injury occur? (Specify city or town, county and S	tate)
	(Addrass)	ecords of te Hospi		Shore Sta	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC	PLACE.
18	Place C.	0 1 0 4 -	/ Dete m	ne ,1977	Manner of Injury	
19	UNDERTAKER (Addrass)	2. Fram	gling	Sen.	24. Wes diseese or injury in eny way releted to occupetion of daceased?	No
20	FILED 5 S	8 ,1937	holma	Registrar	(Signad) Kenneth Stories (Address) Eastern Shore State Hos	pital M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L V E D		Example II	Examples
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset		Date of onset
Chronic interstitial nephritis BUREAU V. S. Cerebral hemorrhage	1921 July 5,1927	Run over by street car Peritonitis	1 week age 3 days age
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	59
County Horolesler,	Registration Dist. No. 111
Village or City at new Market	No. St. Wa
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmsmo	sds. How long in U.S. if of foreign birth?yrsmos(
2. FULL NAME Mandy The	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. CO4OR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED Gwrite the wordy	21. DATE OF DEATH
emouse world Nidow	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND	22. I HEREBY CERTJFY, That I attended deceased from
(0) WIFE OF LOVING TOURS	Mace her mar 20 - 193
6. DATE OF BIRTH (month, day, end year) april 1 1859	I lest saw har alive on Mar 2-0.197 Geeth is
7. AGE Years / Months / Days If LESS than	to have occurred on the date steted ebove, at
I day,hrs.	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Dialities Milliter Date of one
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end yeer) spent in this occupation occupation.	
Journal Journa	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME OF SOC / & anks	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of addition)	Whet test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME Joseph Wockers  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT I My Jewelling (Address) and Market	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Dete May 3, 193	Neture of injury
HH, Willow gling	24. Wes disease or injury in eny way related to occupation of deceased?
19. UNDERTAKER	
19. UNDERTAKER (Address) A Thew Magnitude	If so, specify
	(Signed) (Signed) (Address) Nuclear (C) Trans

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAY 5 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURFALL V. S.	45			
Resident and the control of the				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

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M	should of OCC
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	RECORD.  PHYSI  Exact stat
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FOR B	IS A PE stated E properly

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	5388
County Darchester WITHIN CORPO	RATE LIMITS OF Registration Dist. No. 115
Village or City Cambridge and (IF	ND. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth? 6 9 yrsds.
2. FULL NAME W = trederick august	Lage If U. S. Veteran, specify WAR
(a) Residence: Np. (Usual place of abode)	St., State  Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Bay)  (Page 1937  (Pag
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Eliga Fischer	1 HEREBY CERTIFY. That I attended decaased from 1937, to many 15, 1937
6. DATE OF BIRTH (month, day, and yeer) 10-20-1850	I last saw h Amaliva on The 15, 1937; death is said
7. AGE Yeers Months Days If LESS than 1 day	to heva occurred on the date stated ebova, at 10.1237-m.
86 6 26 1 day, min.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data daceased lest worked at this occupation (month and 1907) spent in this year)	grierio secensis
12. BIRTHPLACE (city or town)	Dther Contributory Causes of Importance: 5.153
(State or country) Herway	
13. NAME trederick Hage	
13. NAME televick Hage 14. BIRTHPLACE (city or town)	Neme of operation Dete of
(Otate of country)	What test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME Charlatte Vocks	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Charlatte Vactor  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury 19
17. INFORMANT Clfred Lange (Addrass) Cambanda and	Where dld Injury occur?(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of Injury
Pleca Canaly Date 3-18 19.37	Nature of Injury
19. UNDERTAKER Lawille S. Le Campte (Address) Cambridge, and	24. Was disease or injury in any way related to occupation of dacaasad?  If so, specify
20. FILED 3-18, 1937 John mace M. Registry.	(Signed) (Address) Oslikosla hora

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis JUN 4 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

-WRITE PLA

TION is very important. See instructions on back of certificate.

D. Every item of infor-

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			93.2		5389
County Dorchester	**************			Registration Dis	st. No. II6
Village or City Cambridg  Length of residence In city or town where	deeth occurred	R,F,D, (If	No.  death occurred in a hospital or institution of the death occurred in the death occu	tution, give its NAME in	St., Ware
2. FULL NAME Sarah Co			If U. S. Veteran		
(a) Residence: No. Gamb		.F.D. Md			e city or town and State
PERSONAL AND STATIST			MEDICAL C	CERTIFICATE C	
3. SEX 4. COLOR OR RACE White	OR DIVORCE	RRIED, WIDOWED. D (write the word) OWE d	21. DATE OF DEATH	Iay 231 (Month)	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late James			22. I HEREB	Y CERTIFY.	That I attended deceesed from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months 77 7 8. Trede, profession, or particular	0/2I/I8 Deys 2	If LESS than 1 dey,hrs. ormin.	to have occurred on the date sta The PRINCIPAL CAUSE OF DEA were es follows:	ted above, e6. 30	Pm M.
S I bind of work done on Optivities	11. Total	ife time (years) ant in this Life upation	Other Contributory Causes of im		5-19-
12. BIRTHPLACE (city or town) Dorch (State or country)  13. NAME Chas Henry		o. Md.	Sguility	portance.	
13. NAME Chas Henry  14. BIRTHPLACE (city or town)  (State or country)		r Co	Name of operation	Churche	Date of
15. MAIDEN NAME Carrissa  16. BIRTHPLACE (city or town) Dor  (State or country)  17. INFORMANT Mrs Earl Fo  (Address) Cambridge R	chester	Co. Md.	23. If death was due to external co	euses (VIOLENCE) fill in  Date (Specify city or to	n elso the following: te of Injury, 19
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Md.	Date5/2	25/37_,19	Manner of injury		
19. UNDERTAKER Granville (Address) Cambride		npte	24. Was diseese or injury In any If so, specify		on of deceased? Zs
20. FILED 5- 25- , 1957 A	hul so	Registrar	(Signed) (Address)	w Ta	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related eauses of importance were as follows:  Arteriosclerosis   RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 4 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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AARGIN RESERVED FOR BINDING	MLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
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X.	WITH
	KLY,

-WRITE PLA

V. S. No. 1 N.B.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLAC	SE OF DEAT		F MAR	YLAND—	CERTIFICATE OF DEATH	5390
Coun	ty Dor	chester		-	Registration Dist. No. / )	6
Villag	ge or City	Cambrid			No. Eastern Shore State Hospitast.,  death occurred in a hospital or institution, give its NAME instead of street and  12 ds. How long In U.S. if of foreign birth? yrs. n	
2. FULL		eorge F.	Harringt		If U. S. Veteran, specify WAR	
			(Usual place		If nonresident give city or town and	d State
PER 3. SEX			ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
mal		n or race white	OR DIVORCEI	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  May  (Month)  (Day)	, 193 7 (Year)
HUSBAN (or) WII	FE of Unk	nown	tober 24.	1857	22. I HEREBY CERTIFY, That I attanded April 27. , 19.37., to May 8. , 1937.	, 19.37
7. AGE	Years 79	Months	Days 14	If LESS than 1 dey,hrs. ormin.	to have occurred on the data stated abova, et 2	Date of onset
9. Indus W S 10. Date tt y	ind of work done, AWYER, BOOKKEE STRY OF DUSINESS IN OF WAS DONE, ES AW MILL, BANK, ed dacaesad lest worn is occupation (morear) 1979-ACE (city or town), or country)	which iLK MILL, itc	ОССИ	ime (years) nt in this pation in known	Other Contributory Causes of importance: Senile psychosis	1932
13. NAMI 14. BIRT		Harring	ton		None	
- (-	HPLACE (city or to Stete or country)		Maryl	and	Name of operation None Date of What tast confirmed diagnosis physic rexaminwas there an	
16. BIRT	HPLACE (city or to Steta or country)		Quarter Maryl		23. If death was due to external causes (VIOLENCE) fill in also the followin  Accident, suicide, or homicide?	, 19
(Addr	ass)		Cambridge	otate **Ost		.AUE.
	nemation, or B		Date 5//	0/3.7,19	Manner of Injury	
19. UNDERTA (Addr		C6M	essick &	nd.	24. Was disease or injury in any way ralated to occupation of deceased?	No
20. FILED. 5	r-10 ,1	,370	ha s	Registrar	(Signed) Current Spore State Hosp	ital,
		If more	blanks are needed. a	ddress State Registrar.	2411 N. Charles Street, Baltimore, Requesting 7) S. No. 7	160, 111.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MINEAU V. S			BLANKER FT	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		Parameter Strategical Contract		

V. S. No. 1

should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. PHYSICIANS properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY,

1. PLACE OF DEATH	9201
County Doublester	Registration Dist. No. 114
Village or City Andrew md	No. St., Ward
/ / (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredmos	ds. How long In U.S. if of foraign birth?yrsmosds.
2. FULL NAME Monga ft. / tug	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  OR DIVORCED (write tha word)  ON DIVORCED (write tha word)	21. DATE OF DEATH 7 , 193 7
Se. If merried, widowad, or divorced HUSBANO of	(Month) (Day) (Year)
HUSBANO of Januar Me Collection	22. I HEREBY CERTIFY, That I attended decaasad from Zucay 7, 1937, to Zucay 7, 1937.
6. DATE OF BIRTH (month, dey, and year) When '	I last sawlive on 2
7. AGE Yaars Months Deys If LESS then	to have occurred on the dete steted above at . Z-474 m.
about 66 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Treda, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Angine bestores 5-6-3.
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Oate daceasad lest worked et this occupation (month and year) 17. Total time (years) spant in this occupation 40.	
your designation and the second secon	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	miliotanguiget-less =
13. NAME Fire Hughe	
13. NAME	
(State or country)	Neme of oparation
15. MAIDEN NAME NA ALCOHOLOGICA	What test confirmed diegnosis? Was there en eulopsy?
I IS. MAIDEN NAME	23. If death wes due to externel causes (ViOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicida, or homicide?
17. INFORMANT Mushally 1 Lughry (Address)	Where did injury occur?  (Specify city or town, county and State)  Spacify whethar injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION OR REMOVAL 4	Menner of injury
Place andres me Oate May 10, 1937	Neture of injury
19. UNOERTAKER LAND S. Altanyh (Address)	24. Was diseasa or injury in any way releted to occupation of deceased?
20. FILEO May 10, 1937 Mrs It & Chusick Sand Registrar.	(Signed) P. Jacobs M. O. (Address) East-Order M. O.
If more blanks are needed, address State Registrar.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WIREKT V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

See instructions on back of certificate.

TION is very important.

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CTATE OF MADYLAND	CEDILICATE OF PEATH
	-CERTIFICATE OF DEATH 5392
1. PLACE OF DEATH	4
County of or chester WITHING	Registration Dist. No. // 6
	No. Combattle Med Med Ward  If death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mc	s/ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME May Hughes	If U. S. Veteran, specify WAR.
(a) Residence: No. Huslack (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
R. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced	21. DATE OF DEATH May 13, 193, 7 (Year)
ia. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from may 12, 1937, to 7 may 13, 1937
5. DATE OF BIRTH (month, day, and year) april 19, 1887	last saw hel alive on may 13, 1937; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.0 Pm.
50 0 54 1day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onsat
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	Croncho premionia
SAW MILL, BANK, atc.  16. Date deceased last worked at this occupation (month and year)  Occupation (month and coccupation)	241
12. BIRTHPLACE (city or town) Mary land	Other Contributory Causes of Importanca:
(State or country)	Mital In it
13. NAME Frank Hughe	
(Stata or country)	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Beeky Hughes	23. If death was dua to axternal causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) That ary land (State or country)	Accident, suicide, or homicide?Date of injury19
17. INFORMANT Record - Cambridge Jul, Hos (Address)	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. Burial, CREMATION, OR REMOVAL Place Petersburg, Md. Date May 16 the 37	Manner of injury
9. UNDERTAKER J. J. Framptom & Son (Address) Federalsburg, Maryland.	24. Was disease or injury In any way related to occupation of deceased?
5-13 21 0 0 0000	(Signed) a. S. Mercus up

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example		Example II	
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	tem of infor-	should state	of OCCUPA-	1
	RECORD. Every i	. PHYSICIANS	Exact statement of	
FOR BINDING	IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
MARGIN RESERVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be	n terms, so that it may be	ee instructions on back of
S. No. 1	B. WRITE PEAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
'n	3		1	

S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 5:	303
1. PLACE OF DEAT	'Н -			(9)	100
County Loc	usle	بر		Registration Dist. No. 1)	6
Village or City C	nurch	Crael	Λ.,	NoSt.,	Ward
Length of residence In city	or town where	leath occurred	- vrs 10 mos	f death occurred in a horpital or institution, give its NAME instead of street and nu	mber)
2 5111 1 1105	0 0	€0.	1 ( \ )	A -	
2. FULL NAME	The work	Corre	and John	and the state of t	
(a) Residence: No		(Usuai place	of abode)	St., Ward.  / If nonresident give city or town and Si	ate
PERSONAL ANI	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	OR RACE	OR DIVORCE	tR1ED, WIDOWED, D (write the word)	21. DATE OF DEATH  (Month)  (Oay)	193
5e. If merried, widowed, or divor HUSBANO of	ced		0	22. A I HEREBY CERTIFY. That I attended de	assaud from
(or) WIFE of				may 8, 1937, to man 9	19.3.
6. DATE OF BIRTH (month, day,	and year) Que	ne 23 -	1936		death is sale
7. AGE Years	Months	Deys	If LESS than	to heve occurred on the date steted above, at 14.4m.	
	10	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or pa	e CDIMMED	- > 0			2m24
kind of work done, a SAWYER, BOOKKEEF  9. Industry or business in work wes done, as SI SAW MILL, BANK, e  10. Date decessed last worl	ER, etc.	an ho	~~	Mrestind Condy	
work wes done, es SI SAW MILL, BANK, et	ILK MILL,			800015 000	
10. Date decessed last work this occupation (mon year)	ced at	spe	time (years) ent in this upation	De la viena de la company de l	7 6/
12. BIRTHPLACE (city or town)	Charle	un C	1.	Other Contributory Causes of Importance:	
(State or country)		20M			
# 13. NAME Survey	Han	man (	cooken		
14. BIRTHPLACE (city or to	vn) Che	men or	ull,	Neme of operation Date of	
(State or country)		•	ma	What test confirmed diegnosis? Was there an au	opsy?
15. MAIDEN NAME WO	ryEls	sabello	Johnson	23. If death wes due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or tou	vn)	alu-14i	J.,	Accident, suicide, or homicide? Dete of Injury	, 19
(State or country)		0	Sux	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)	me by	olus a	M. W.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	Ε.
18. BURIAL, CREMATION, OR R	EMOVAL ~	1 2.		Manner of injury	
Place Shunch	Bull.	Date_M a	M	- Nature of Injury	
19. UNDERTAKER (Address)	in B.	uner	N8 .	24. Was disease or injury In any wey related to occupetion of deceased?	7/
20. FILED. 5-18 , 1	,37 M	hu m	Registrar.	(Signed) James W. Meade Med Mily Mily Mily Mily Mily Mily Mily Mily	м. D.
	If more	blanks are needed,	address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:	

MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of inforof OCCUPA-Exact statement AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5394
1. PLACE OF DEATH	
County Carohesles	Registration Dist. No. 116
Village or City Cambrill	No. St. Ward
Length of residence in city or town what death occurred from mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
A Varia Dillar	
2. FULL NAME	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIFFORCED (writigathe word) Schaff	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
& DATE OF BIRTH (month day and year) Lendon and	I last sow have alive on 2 1937, to 1937; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7-7511.
3 7 P 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular	were as follows:  Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ithe Gungo 2
9. Industry or business in which work was done, as SILK MILL,	0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Casubruly	Other Contributory Causes of importance:
(State or country) Ob Co Mil	
13. NAME Daniel Kane	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / legy Cephs	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME REGIST CEFFES  16. BIRTHPLACE (city or town) Sold deut Kell  (Catalog country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Leavy Kane (Mither)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wangh Centler Date May 18, 1937	Nature of injury
19. UNDERTAKER AM COAMME (Address) Combudage MA	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5-18, 137 John mace R. Refestrar.	(Signed) . The larver M. D. (Address) Care Crickge M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 4 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

D. Every item of infor-

Exact statement of OCCUPA.

STATE OF MARYLAND-	CERTIFICATE OF DEATH	E 200 =
1. PLACE OF DEATH		5395
County Fredison Souchester	Pagistrotian Diet No. 11	6
Q4 . 1 ·	Registration Dist, No. !!	φ
Village or City (If	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Nard Ward
	ds. How long in U.S. if of foreign birth?r	
2. FULL NAME Magerine Mist	If U. S. Veteran, specify WAR	
	St. Ward.	
(a) Residence: No. (Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  (Yonth)  (Dey)	., 193.7 (Yeer)
HUSBAND of (or) WIFE of	3. I HEREBY CERTIFY. That I ettended  They 5 197 to They > 6	deceesed from
6. DATE OF BIRTH (month, day, end year) Dec. 17, 1895	I lest say h alive on Thay 21, 193	2.; death is said
7. AGE Years Months Oeys If LESS then	to have occurred on the dete steted ebove, et. L. L. m.	
4/ 5- 9   I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance	1
9 Trade profession or particular	Rephretie Dopemia	Date of one of
kind of work done, es SPINNER, American	Defections	8937
S. Heek profession, or particular, and the kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked et this condition month and a scent in this condition month and a scent in this.	01	
SAW MILL, BANK, etc.		
ans occupantificiting and a spent in this		
yeer) occupetion occupetion	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town)	Comesis gravedarum	5.71.37
(Stete or country)	0	<
13. NAME Surge Clyfur  14. BIRTHPLACE (city or town)  (State or country)		
14. BIRTHPLACE (city or town)	Neme of operation Dete of.	
(State of country)	What test confirmed diagnosis? Was there an	eutopsy?
16. BIRTHPLACE (city or town) Lone fruite es	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following	ng:
5 16. BIRTHPLACE (city or town) Decliente	Accident, suicide, or homicide? Oete of injury	, 19
Stete or country)	Where did injury occur? (Specify city or town, county and St	
17. INFORMANT And Audie	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	~-~~
Plece madison, MidDate 5 - 28, 1937	Nature of injury	**
19. UNDERTAKER Lewis & Sayreum. (Address) Carebridge L. md.	24. Wes disease or injury In eny wey releted to occupetion of deceesed?	
20. FILED 5-28 , 137 John mace p.	(Signed) Corroll The Stellar	M. O.

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10.—The month and year the deceased last worked at the occupation.

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	. Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 \ July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:	

V.S. No. 1

NT RECEKD. Every item of infor-	LY. PHYSICIANS should state	1. Exact statement of OCCUPA-	
S IS A PERMANEN	stated EXACT	properly classified	certificate.
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	5396
1. PLACE OF DEATH		0000
County Darchester	N-al	_
	Registration Dist. No. 1	S
Village or City	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
	ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME & Some I Thicking	20	
Zill Carl h	If U. S. Veteran, specify WAR	
(a) Residence: No. (Vosual place of abode)	St., Ward.  If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH May Z	., 193.7 (Year)
5a. If married, widowad, or divorced HUSBAND of		(1007)
(or) WIFE of Late acages have have	22. I HEREBY CERTIFY, That I attended	
2/./1860		, 19.3.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 m.	; death is said
76 40 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raiated causas of importance	
ormin.	were as follows:	Date of onset
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEPER, etc.	The I Via	QI. IV
9. industry or business in which	- working e.	am
work was done, as SILK MILL, SAW MILL, BANK, etc.	2 Page	31
10. Date deceased last worked at this occupetion (month and 19 spant in this occupation occupation	- South Mungha	25
12. BIRTHPLACE (city or town) Galle Land Heigh	Other Contributory Causes of importance:	3
(Stata or country)	hom	
13. NAME To W. Cheely		3 3 3
13. NAME  14. BIRTHPLACE (city or town)	Nama of operation Date of	
(State or country)	What test confirmed diagnosic? Was there an	autopsy?
15. MAIDEN NAME Co. C.	23. if death was due to external causes (VIOLENCE) fill in also the followin	ig:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
S (State or country)	Where did injury occur?	
17. INFORMANT Berthe Les me	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ite) LACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Piece Date 15	Nature of injury	
10 HADEDTAVED John Cont	24. Was disease or injury in any wey ralated to occupation of deceesed?	NE
19. UNDERTAKER (Address)	if so, specify	
20. FILED May 3, 19 37 James neade	(Signate Across of Mea Q	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RECEIVED	July 5,1927	Peritonitis	3 days ago
Ultr 5 195			
Other contributory causes of importance:	-	Other contributory causes of importance:	11-1-11
Gallstones HIREAU V. S.	May 1,1923	Gastroenteritis	1 year
	-		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5397
1. PLACE OF DEATH	(108)
County WITHIN C	Registration Dist. No.
Village or City 6	No. 2stendand and St., 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME handlein Regal on	If U. S. Veteran, specify WAR
(a) Residence: No. / O / Was place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5- 17
ia. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of Amil F. Price	22. I HEREBY CERTIFY. Thet I ettended deceased from  3
5. DATE OF BIRTH (month, day, and year) 4 / 186/	I last saw halive on 5 = 1619 77: daath is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the data stated above, at 7. 30 A.m.
76 / 1 / 16   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of importance
8. Trade, profession, or particular	Coron any I humbres 3-17
kind of work done, as SPINNER, Parter SAWYER, BOOKKEEPER, atc	4 . 6 - 1937
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Hughest Calles - under
	Velleuro
10. Date decaased last worked et this occupation (month end yeer) 11. Total time (years) spent in this figure occupation	
	Other Contributory Causes of Importance
IZ. BIRTHPLACE (city or town) dallast Construction (State or country)	2 2 1 2 1 2 1 2 3 7
vI	/ 2222
13. NAME Kenny Fich	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) marganit	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rachaeld. Lenner	23. If death wes due to external ceusas (ViOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury, 19
(Stata or country) Manyand	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT who Harris taylar (Addrass) Carehalde med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Dorelle Fer memodia   Pate 5-19, 1937	Neture of injury
19. UNDERTAKER Carrille & Le Carrette	24. Was disease or injury in any way ralatad to occupation of decaasad?
(Addrass) Cambridge med.	If so, spacily
00 51150 5-18 137 Notes man - 15.	(Signed) The Melhus M. D.
20. FILED 3 193/ Franchistar.	(Addrass) Cembudyl and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial rephritis 3884 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	Ì		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
CONTRACTOR OF THE PROPERTY OF			

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. properly classified.

AGE should be

certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

TION is very important. See instructions on back of

# STATE OF MARYLAND—CERTIFICATE OF DEATH

P	0	13	0
b	3	34	X
1	, 0	V	U

1. PLACE OF DEATH	W. E.	
County Drychester	Registration Dist. No. 1/2	
Village or City Relas Trove	NoSt	Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and n	number)
	osds. How long In U.S. if of foreign birth?yrsmo	osds.
2. FULL NAME Toms Rideout	If U. S. Veteran, specify WAR	
(a) Residence: No. Reeds Lune	St.,Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write word) Married	21. DATE OF DEATH	, 193_7 (Year)
5a. If married, widowed, or divorced HUSBAND of		
(OT) WIFE OF Nova Rideout		, 193.7.
6. DATE OF BIRTH (month, day, end year)	I last saw h_ malive on march 31, 1937	; death is sald
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, etm.	
60 Y 1 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:	1011
8. Trede, profession, or particular kind of work done as SPINNER	0	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL	- Frencon Cascendina of	7
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	gall badder	
0-10. Date deceased last worked at 11. Totel time (yeers)	1	
this occupation (month and spent in this occupation		
TO BURNING ACT (ST. T. A. T. A	Other Contributory Causes of Importance:	VII. 200
12. BIRTHPLACE (city or town) (State or copptry)	Parlance Comments	Mar. 37
13. NAME John Rideout	- Caenex ca	
13. NAME John Riderut 14. BIRTHPLACE/(city or town)	Name of operation Lakaratory Date of 72	1 4- 1- 1924
14. BIRTHPLACE/(city or town)	1 DO 10 - nucroses	meals
15. MAIDEN NAME Nona Dennis		
15. MAIOEN NAME Nova Derrus  16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury	
16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?	, 19
Pulsen Rideout	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e)
17. INFORMANT CLEAS TO THE CANADA CAN	The state of the s	ICE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Telds Fronz Date May 21, 195)	Nature of injury	
19. UNDERTAKER It. D. Foraversor Horo	24. Wes disease or injury In eny way related to occupation of deceesed?	<b>2</b> 8
(Address) Marphorn Mos	If so, specify 1540 The	
20. FILED May 19, 1937 Cligabeth 19 Graff. Refiserar.	(Signed) Cambridge 1	M. D.
If more blanks are needed, address State Registra	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1003	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state D. Every item of infor-

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

-WRITE PL.

N. B.-

1. PLACE OF DEATH		CERTIFICATE OF DEA	ATH 5399
County DORCHESTE	MATHIN CORPORATE	LIMITS OF	
		Registration	Dist. No.
Village or City CAMBRID	C7 G	ND. 3/4 ACADEMY death occurred in a hospital or institution, give its NAM	St., Ward
Length of residence in city or town where death	occurred yrs mos		L instead of street and number)
2. FULL NAME STILL BO	en Stingo	U. S. Veteran, specify WAR	
(a) Residence: No. 3214 ACA		St., Ward.	
	(Usual place of abode)		give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE	OF DEATH
2421- 11 0	INGLE, MARRIED, WIDOWED, R DIVORCED (write tha word)	21. DATE OF DEATH	3 , 193 , (Vear)
5a. If married, widowad, or divorced HUSBAND of			
(or) WIFE of STILL BOR,	<u>.</u>	22. J HEREBY CERTIF	7. That I attended deceased from 19.3.7.
6. DATE OF BIRTH (month, day, and year) MAY	3.1937.	Hest saw h. STICLBORN	
7. AGE Yaers Months	Days If LESS than	to have occurred on the date stated above, at 2.34	P_m.
0 0	1 day, O hrs.	The PRINCIPAL CAUSE OF DEATH and related caus were as follows:	es of importance
8. Trede, profession, or particular		STILL BIRTH	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc		PREMATUR	9.71
9. Industry or business in which			
work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Data daceased last worked et this occupetion (month and yaar)	11. Total time (yaars) spent in this occupation		
12. BIRTHPLACE (city or town) CAMBR (State or country) MARY	IDGE LAND.	Dther Contributory Causes of importance:	
13. NAME LINWOOD  14. BIRTHPLACE (city or town)	PALLEY		
14. BIRTHPLACE (city or town)		Nama of operation	Date of
(State of country)		What test confirmed diagnosis?	Was there an autopsy?
16. BIRTHPLACE (city or town) NGW	HRK HAWARE	23. If death was dua to external causes (VIOLENCE) fi Accident, suicide, or homicide?	Date of injury, 19
17. INFORMANT VIRGIE SHIN (Address) LAMBRIDGE		Specify whether Injury occurred in INDUSTRY, in HO	town, county and State) ME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	.M-	Manner of injury	
Placa HOME Da	te 13 , 1937	Neture of injury	
19. UNDERTAKER NONE (Address)		24. Was disease or injury in any way ralated to occup.  If so, specify	ation of deceased? ho
20. FILED 5-3 - , 1937 Ople	w mall h	(Signed) (Address)	Re Jud M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstition nephrilis C	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-WRITE PLAIN

V. S. No. 1

TION is very important. See instructions on back of certificate.

b. Every item of infor-

STATE OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH

P	.8	8	h	e	A
5	4	ŧ	J	{	Ĵ

1. PLACE OF DEATH	900
County Portet	Registration Dist. No. 11 6
Village or City Cambred med	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the a hospital of institution, give the 1721th E instead of street and number? ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Grove G. Shin	If U. S. Veteran, specify WAR
(a) Residence: No. 402 Chrystonk and (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  White OR DIVORCED (write the word)	21. DATE OF DEATH  May  (Month)  (Dev)  (Yeer)
5a. If merried, widowed, or divorced HUSBANO of	
(or) WIFE of Fanni H. Fallin	1 HEREBY CERTIFY, That I attended decesed from 1937, to many 1937
6. DATE OF BIRTH (month, day, and year) The 12 1858	I lest saw h.m. elive on heuch 10, 1937; deeth Is said
7. AGE Years Months Days If LESS then	to have occurred on the date steted above, at 7:34 Acm.
79 2 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	arterio Sclarosia. Oate otonist
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL,	`````````
SAW MILL, BANK, etc	
O. Oete deceesed last worked et this occupetion (month end 1925 spent in this occupation year)	
12. BIRTHPLACE (city or town) Golden Hill	Other Courributory Causes of importance:
(State or country)	
13. NAME mos Alinton;	And the second
13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)	Name of operation Date of Date of What test confirmed diagnosis? Clinical Evidence an europsy? 26
15. MAIDEN NAME Inhum	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Oate of Injury
17. INFORMANT and the stanton' (Address)	Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in tNOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Carmbredge In Octo Muy 13, 1937	Nature of injury
19. UNOERTAKER Than S. Altourgh (Address)	24. Wes disease or injury In any way releted to occupation of decessed?
20. FILEO 5-12 15/ Apla mass 1.	(Signed) Commender M. O.
. Regilfrar.	(Address) Climbuck Ma.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUMEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D. Every item of infor-

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

19. UNOERTAKER

20. FILEO.

(Address)

5-

Berlin

mation should be carefully supplied.

-WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5401
County Dorchester WITHIN CORPORATE L	Registration Dist. No. 116
Village or City_ Cambridge (If	No. Was &
2. FULL NAME John E. Smith.	Ads. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Berlin, Md. (Usualplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH  May 21st, 1937  (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of   Construction of American State of State	22. I HEREBY CERTIFY, That I ettended deceased from  19 37, to way 19 37  11 assiss by director on 19 5 death is set 3
7. AGE Years Months Deys If LESS than 1 day,	to have occurred on the date stated above, at I I I P. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Asst Cashier SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILLA. B. Taylor Banking SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and 5/21/37 spent in this year) occupation.	Coorang Thomas 1937
12. BIRTHPLACE (city or town) Brincess Ann, (State or country) Md.	Other Contributory Causes of Importance:    1936
Tale 13. NAME	Charle arters - 6 mis
14. BIRTHPLACE (city or town)	Neme of operation Oate of What test confirmed diagnosis? Was there an autopsy?
篮 15. MAIDEN NAME 포	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT Reese F. Cropper. (Address) Berlin, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Berlin, Md. Oate 5/24/3,79.	Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registar.

If so, specify

24. Was disease or injury In any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ì	Example II		
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Chronic interstitial pephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage   MECEIVED	July 5,1927	Peritonitis	3 days ago	
Jun 4 1937			1	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			11111111111	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Date of onset

#### STATE OF MARYLAND—CERTIFICATE OF DEATH infor-1. PLACE OF DEATH

3. SEX

certificate.

instructions

important

Very

S

LION

OCCUPATION

FATHER

OCCUPA. statement PHYSICIAN Exact

Dorchester County

Cambridge. R.F.D.#

Registration Dist. No. 116

I HEREBY CERTIFY. Thet i ettended deceased from

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidence in city or town whara death occurred X vrs. X mos. 20 ds. How long in U.S. if of foreign birth? vrs. mos. ds. Rosa Lee Styles

Cambridge, R.F.D.#

15th

If U. S. Veteran, specify WAR\_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

Mav

If nonresident give city or town and State

(a) Residence: No.\_\_

female

PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) infant-single

(Usual place of abode)

21. DATE OF DEATH

5th(Yeer)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

面937

Not at all not at all

The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance

6. DATE OF BIRTH (month, dey, and yeer) Apr. 7. AGE Months Days if LESS than 20 or .... min.

8. Trada, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.....

None

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end

11. Total tima (years) spent in this occupation \_\_\_\_\_

to have occurred on the date stated ebove, et

12. BIRTHPLACE (city or town). (State or country)

13. NAME

17. INFORMANT.

Maryland Elton Jackson

14. BIRTHPLACE (city or town). (Steta or country)

Airev Md.

Dor. Co.

Louise Styles MOTHER 15. MAIDEN NAME

Dorchester Co.. Maryland.

Cambridge R.F.D.#

16, BIRTHPLACE (city or town) .... (State or country)

Jonas Styles Cambrige Rt.# 2.

(Address) 18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge

Dete 5/9/37 19

Bavneum Lewis H. 19. UNDERTAKER Cambridge. Maryland

5/6/37

Registrar.

23. If deeth was due to external ceuses (VIOLENCE) fill in eiso the following:

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 Where did Injury occur?\_

(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Neture of injury. 24. Was disease or injury in eny way releted to occupation of deceasad?

if so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING properly FOR ARGIN RESERVED may pluods that carefully OF DEATH pe plnods CAUSE

7. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	l.	Example II		
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Cerebral hemorrhage R E	July 5,1927	Peritonitis	3 days ago	
JUN 4 1937		i i		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state D. Every item of infor-

> stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLA

of OCCUPA-

Exact statement

STATE OF MARTLAND	CERTIFICATE OF DEATH 5403
1. PLACE OF DEATH	532
County	Registration Dist. No.
	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Many (a) Residence: No.	If U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. II married, widowed or divorced	(1601)
(or) WIFE of Late Meanwalers Thomas	22. I HEREBY CERTIFY, That I attended deceased from
stat	april 29 ,1937, to May 26 ,1937
6. DATE OF BIRTH (month, day, end yeer)	I law sew h elive on
7. AGE Years Months Deys II LESS then 1 dey,hrs.	to have occurred on the dete stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Muse 1 0 / 0 avi again
9 Industry or business in which	Myo contral fastine april 29'3.
work wes done, as SILK MILL, SAW MILL, BANK, etc.	//
10. Oete deceased last worked et this occupation (month end year) spent in this occupation occupation	
Dar Co	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Proposed Walley
13. NAME IT Madfare	Chest wall
13. NAME  14. BIRTHPLACE (city or town)	Neme of operation Work Date of
(Stete or country)	What test confirmed diagnosis Lucial Was there en autopsy?
15. MAIDEN NAME Masy James Marshall	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Wasy Marchaee  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
₹ (State or country)	Where did Injury occur?
17. INFORMANT (Address) (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury was
Plece Peaces Molte 778, 1927	Neture of injury
19. UNDERTAKER SSLC	24. Wes disease or injury in any way related to occupation of deceased?
(Address)	II so, specify
20. FILED 3-28, 1937 John more 72 Registrat	(Signed) Wille M. D.  (Address) aughtly med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis JUN 4 1301	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE PLA

V. S. No. 1

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	J409
County Doubula	Registration Dist. No. 119
	NoSt.,Wa  If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Ims. Sydning a. 7	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White the word)	21. DATE OF DEATH  (Month)  (Day)  (Vaer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded decaasad for the part of the
6. DATE OF BIRTH (month, day, and year) Operil 15, 1852	I last saw har alive on Men 1 1 1 1 1982; death is s
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 15 200.
8-5 / 3   1 day,hrs	The PRINCIPAL CAUSE OF DEATH and rested causes of importance were as fellows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Inbereclasis the
SAWYER, BOOKKEEPER, etc.	Jungo 1 2
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
20. Dato daceased last worked at this occupation (month and spent in this	
yaar) occupation	Other Contributory Causes of importants
12. BIRTHPLACE (city or town) Storodomott Ja.	Blesnie mereteled
(Stata or country)	replecition ?
13. NAME tilelans Powler.	
14. BIRTHPLACE (city or town) Bloodsworth, as	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Warry Volodsworth	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Bloodens 13.	Accident, suicida, or homicide?
16. BIRTHPLACE (city or town) Shredenny As: (State or country)	
17. INFORMANT Address)	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury
Place My My Mata May 19, 193	Nature of injury
19. UNDERTAKER Trank & allhough (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 19, 1037 Nilson D. Pritchett Registrar.	(Signed) G. H. Jawes N. (Address) Earl Gride Lee

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsu	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

21-1-18

N. B.—WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5405
1. PLACE OF DEATH	
County Conclusto WITHIN CO.	Registration Dist. No
Village or City Cambride	No. Caroling Hospital Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Stillton Was	If U. S. Veteran, specify WAR.
(a) Residence: No. Cambrid had Re	O St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  S  (Month)  (Dat)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 5/25/37	I last saw for alive on Dest at a ce, 19 ; deeth is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at
3 Me abortion 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	Sour or our 3
work was done, as SILK MILL, SAW MILL, BANK, etc	( Care when )
Spellt III (III)	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town) Leonald Co	Name of operation. Dete of
(State of country)	What test confirmed diagnosis? Claired Was there an autopsy?
15. MAIDEN NAME Survey Tolking Tolking Co	23. If death wes due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Wokelin Co	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Dete 5/29, 19.37	Neture of injury
19. UNDERTAKER Camb, ms. Horpotel	24. Was diseese or injury in any wey related to occupation of deceesed?
(Address) (and, md.	If so, specify
20. FILED J. P. S. J. J. Sur More Projects	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

A JARGIN RESERVED FOR BINDING	M
WITH UNFADING INK-THIS IS A PERMANENT REL. D. Every item of infor-	Every item of infor-
fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ICIANS should state
n plain terms, so that it may be properly classified. Exact statement of OCCUPA-	stement of OCCUPA-
nt. See instructions on back of certificate.	

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177	00	of		
KD. Trvery	YSICIANS	statement		
TATE	Y. PH	Exact		
INTERNATION I	XACTL	classified.		
T W CI	stated E	properly	certificate	
212	pe	be	Jo	
WILLS FLAMENT, WITH UNFADING INA-THIS IS A FEMANIEM NEW EVERY HEM OF	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	FION is very important. See instructions on back of certificate.	
TY TYTO	supplied.	terms, s	ee instruc	
TITLE 6	refully	I in plain	tant. S.	
DAME	uld be ca	DEATH	ry impor	
4	sho	OF	s ve	
- WKII	nation	CAUSE	rion i	

-	INIL OI	MIMI	ILAND	CERTIFICATE OF DEATH
1. PLACE OF DEA	TH			231
County Dorch	nester			Registration Dist. No. II6
Village or City_Qa	mbridge	R.F.D.	Md.	the last term of the la
			(if	death occurred in a hospital or institution, give its NAME instead of street and number)
			yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME				If U. S. Veteran, specify WAR NO
(a) Residence: No.	Buckto			St., Ward.
BEDGOMALA		(Usual place		If nonresident give city or town and State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH
		OR DIVORCE	RIED. WIDOWED. D (write tha word)	21. DATE OF DEATH Nay 8th, 193 7
2 0230020	nite	Singl	e.	(Month) (Day) (Year)
a. If marriad, widowad, or div HUSBAND of (or) WIFE of		W.		22.   HEREBY CERTIFY, That I attended deceased from
(OI) WIFE OI	X			July 20 1936 to May 8 1937
DATE OF BIRTH (month, da	ay, and year) TT/	15/192	0	/ last saw h_ 2 alive on May 6 , 1937; death is said
. AGE Years	Months	Days	if LESS than	to have occurred on the data stated above, et = 55 Am.
16	5	23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and reletad causes of importance were as follows:
8. Trade, profession, or p	particular			Date of onset
kind of work dona SAWYER, BOOKKE	EPER, atc	None		Dilateral Pulmonary
9. industry or business i	n which SILK MILL.			tuberculosis !
work was dona, as SAW MILL, BANK,		I 11 Tatal	ima (years)	
this occupation (mo	onth and	SD3	nt in this upationX	
yaai)			upation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town (Stata or country)	, Cambrid	ge.		
. 1	- O 1112	7 0 10		
13. NAME Rober		eler.	24	Tour ,
14. BIRTHPLACE (city or t (Stata or country)	own) Dorch	lester.	Co.	Name of operation Date of Date of United Value Date of UNITED DATE DATE OF UNITED DATE OF UNITED DATE OF UNITED DATE OF UNITED DATE DATE OF UNITED DATE OF U
	C	Flacer	M.a.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ME				23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or t		d's,		Accident, suicida, or homicida? Date of injury, 19
		- 11	. U. o	Whare did injury occur?(Specify city or town, county and State)
7. INFORMANT Robel		eler		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Camba 8. BURIAL, CREMATION, OR		. D. II	I.C.	
PlaCambride		Data 5/]	0/37.19	Manner of injury
				Nature of injury
	wille S.			24. Was disease or injury in any way related to occupation of deceased? Zec
	bridge, J	arylar	10.	if so, specify Wale Mark
0. FILED 5-10	1916 ph	n m	ace 6 /2	(Signed) Sul Fall M. D.
	If more hi	anks are needed	Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	A) more on	min. wie needed,	Si Diute Registrar,	4411 11. Counce offices, Dammore, Requesting U. S. 110. 1.

V. S. No. 1

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows: VED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUMBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

	nfo stat	1. PLACE OF DEATH	(9-8)
The second	-	County Dorchester WITHING	ORPORATE LIMITE OF Registration Dist. No.
-Cm	should f OCC	Village or City Cambudge	No. 1/4 Washington St. 2, Ward
	sho of C	⟨\f\ (\f\ \)	death occurred in a hospital or institution, give its NAME instead of street and number)
10	Every SIANS ement	Length of residence in city or town whare death occurredyrsVrswos.	ds. How long in U.S. if of foreign birth?yrsmosds
(0)	D. Ever SICIAN tatemen	2. FULL NAME WWW Lacuse wel	Teins If U. S. Veteran, specify WAR
	D. Every rSICIANS statement	(a) Residence: No. 14 Washington (Usus Macco of abode)	St., Ward.  If nonresident give city or town and State
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	RECC. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
10M	E X	female ( bloved OR DIVORCED ( write the word)	(Month) (Day) (Year)
ZG	T I ied.	5a. If married, widowed, or divorcad HUSBAND of	
BINDING	IANEI A C T issified	(or) WIFE of	22.   HEREBY CERTIFY, That t attended deceased from
Z	ERM EX cla	6. DATE OF BIRTH (month, day, and year) 7 - 4 - 1 936	I last saw h aliva on 15 19.77; death is sain
	A 2	6. DATE OF BIRTH (month, day, and year) / 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	to have occurred on the date stated above, at 7/30/4m,
FOR	IS A I stated properl	-1936 710 4 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
压	sta pro cert	8. Trade, profession, or particular	wera as follows:  Date of onest  Conclusion:
ED C	HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Flototim 23
[A]	should it may n back	9. Industry or business in which work was done, as SILK MILL,	193
RESERVED	INK-sho sho t it n on b	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceased last worked at this occupation (month and spent in this	
Si Si	AGE THAT that ons o	this occupation (month and year) spent in this occupation	Tong.
	NFADING pplied. AGE erms, so tha instructions	12. BIRTHPLACE (city or town) Part Norus n. 1	Other Contributory Causes of importance:
RGIN	AD)	(State or country)	Out 1 frait tryle of 119
R	UNFA supplied n terms ee instr	13. NAME We Eurels	Litter / 18 die
A	H U sup	13. NAME CINELS  14. BIRTHPLACE (city or town) Clark Construction (State or country) (Clark Construction) (Clark C	Name of operation Data of Change
	H 55 5	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
	carefully (H in pla ortant.	15. MAIDEN NAME Ly dea Welkers  16. BIRTHPLACE (city or town) Cambridge  (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
	INLY, WI be careful EATH in p	16. BIRTHPLACE (city or town) Cambridge (State or country)	Accident, suicide, or homicide?
0	AINLY, d be can DEATH y import	le de la 1820 de	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	PLA hould OF D	17. INFORMANT (Address) / If Wooliecolon A	Specify whether injury occurred in INDOSTRI, in HOME, of introduct FEAGE.
	[-] W	18. BURIAL, CREMATION, OB REMOVAL	Manner of injury
	WRITE ation s AUSE ION is	Placa / Sethel Curry Date / Web 25, 193/	Nature of injury
_	WRITI mation CAUSE TION is	19. UNDERTAKER ) TMSL Clair	24. Was disease or injury in any way related to occupation of deceased?
S. No.	1 FOF	(Address) Combridge MA	If so, specify
80		20. FILED 5-25 ,1937 Noha mace Ne.	(Signed) M.
>	4	Registrar.	(Address)
w	rock the	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1997	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ħ	Z	1	
MARGIN RESERVED FOR BINDING	-WRITE PLANAY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.
3	MA	XA	lass
2	PER	M	ly (
J.K	A	ted	per
F	IS	sta	pro
7	HIS	be	pe
>	H	nld	nay
T C	NK	sho	it n
1	I	GE	hat
7	Z	A	10 t
	(V)	ed.	18, 8
AR	INF	ppli	erm
11		Su	in t
	ITI	ully	pla
	*	refi	in
	Z	ca	
	A	i be	DEA
)	PL	onlo	F 1
	E	sh	EO
	RIT	tion	CS
-	A-	mai	CA

TION is very important. See instructions on back of certificate.

20. FILED 5-- 26

N. B. WRITE PLA

V. S. No. 1

Y. PHYSICIANS should state

Exact statement of OCCUPA-

D. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	SERTIFICATE OF DEATH 5408
County Darchester WITHIN	CORPORATE LIMITS OF Registration Diet No "
	wegistration bist. No.
Village or City(If	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	
2. FULL NAMe Margaret Lee. Thris	Lx If U. S. Veteran, specify WAR
(a) Residence: No.	
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH may 24 193 7
5a. If married, widowed, or divorced HUSBAND of Let Joseph O. Thing Let	22. I HEREBY CERTIFY, That I attended deceased from  1936 to 24 193)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	I last saw n alive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Sylvation dies
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) Earl Mand Milk	Other Contributory Causes of Importance:  5/1/3
1 11 11 11 11	-
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  7. March 13. NAME  14. BIRTHPLACE (city or town)  15. NAME  16. STATE OF TOWN 17. NAME  17. NAME  18. NAME  19. NAM	Neme of operation 22 me Date of 2
	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:  Accident, sulcide, or homicide?
17. INFORMANT HAD L'Oheseip Skinner	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place & Mark Milk Malcate 5/36 , 19-37	Manner of Injury
19. UNDERTAKER 45 Le C 12. (Addiess)	24. Wes disease or injury in eny wey releied to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Agistrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones Man 1		Other contributory causes of importance:	
Gaustones	May 1,1923	Gastroenteruts	1 year

PHYSICIANS should state Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

rion is very important.

-WRITE PLA

V. S. No. 1 Ä ż

D. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5409
Village or City Careling mile	Registration Dist, No.  No.  St., Ward  Geath occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. II of loreign birth?  If U. S. Veteran, specify WAR  St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
58. II married, widowad, or divorced HUSBANO of Elizabeth Manual Myma (or) WIFE of	22. I HEREBY CERTIFY, That I attanded daceasad Irom  1937. to 1937
6. DATE OF BIRTH (month, day, and year)	I last saw h Ang aliva on 193 / death is said
7. AGE Years Months Days II LESS than 1 day,hrs.	to have occurred on the data stated above, at 12.40 %.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, prolession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or businass In which work wes done, as SILK MILL, SAW MILL, BANK, atc  10. Date decaased last worked at this occupation (month and yaar)	mitrate insufficiency
12. BIRTHPLACE (city or town) Thile. (Stata or country)	Other Contributory Causes of Importanca:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
15. MAIOEN NAME Geeles 3 / Lee's  16. BIRTHPLACE (city or town)	23. II death was due to axternal causes (VIOL ENCE) fill in also tha following:  Accident, suicide, or homicide?
17. INFORMANT MANAGEMENT MANAGEME	(Specify city or town, county and State) Specify whathar Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Coate (193)	Manner of Injury
19. UNOERTAKER (Address)  19. UNOERTAKER (Address)  20. 51-13 .31 Nohn Mass A	24. Wes disease or injury in any way related to occupation of deceased?  If so, spec(y)

Registear.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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1201			
C:	18		
Other contributory causes of importance:		Other contributory causes of importance:	WEIS
Gallstones	May 1,1923	Gastroenteritis	1 year
		775.53	